

(1) PLACE OF BIRTH

County of Sumner
Township of Leonomy
or
Inc. Town of Leonomy
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
90310

Registration District No. 25A Registered No. 61
(For use of Local Registrar)

(2) Full Name of Child James W Taylor Jr } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James W Taylor
(9) PRESENT POSTOFFICE OF FATHER Leonomy S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE Savage S.C.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 8

MOTHER
(14) NAME BEFORE MARRIAGE Sallie Gasque Cadz
(15) PRESENT POSTOFFICE OF MOTHER Leonomy S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Savage S.C.
(19) OCCUPATION at home
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:00 PM, on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. S. Duerr
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 22 1916 (28) W. H. G. G. G. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCarry, of Columbia.